

(35.1vs38.8)($p<0.01$) while during CiOH they increase (41.8vs35.1) ($p<0.05$). CD8+ cells increase during OH (24.5vs21.1)($p<0.05$) and decrease in CiOH (13.9vs21.1)($p<0.001$) respectively.

Conclusions: The immune abnormalities presented during risky consumption, abuse, dependence and cirrhosis due to alcohol are differential, the most significant changes are observed in the cytotoxic NK, NKT and CD8+ and regulatory CD4+ populations generating a cellular imbalance that could be related to development and progression of liver damage.

Ethical statement: The protocol was approved by the Ethics and Research Committees of the “Dr. Eduardo Liceaga” General Hospital of México (HG/DI/16/107/03/082) and the School of Medicine of UNAM (FMD/DI/15/2015)

Declaration of interest: None.

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Biliary reconstruction with biodegradable stent in pediatric liver transplantation: long-term follow-up.

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Introduction and Objectives: The biliary complications can limit the survival of both the graft and the patient in the liver transplant (LT). Biliary strictures represent 80% of cases, could appear early; <6 months or late >6 months post-transplant. To present our experience in the use of the biodegradable stent for biliary reconstruction in LT

Materials and Patients: Prospective, non-randomized study, in patients undergoing liver transplantation from a living donor period from February 2023 to 2024 with the use of a biodegradable stent, the biochemical variables of liver function, as well as radio imaging studies will be recorded to evaluate the presence or no biliary complications during the study. The characteristics of the stent were standardized based on the weight and measurements of the patient and native bile duct.

Results: 6 patients met the requirements to be included in the study, 6 stent placements were performed in 6 transplants, all of them were female, the diagnosis prior to transplantation were biliary atresia (BA) 2, hepatoblastoma 2, and acute liver failure (ALF) 2, with a median age of 22.5 months SD +13.2 months and a median of weight 10.7 kg SD +3.8 kg. (image 1). In 4 patients, left bilio-hepatic anastomosis was performed and in two patients, left hepatic anastomosis was performed toward roux. The degradation was demonstrable with a median of 5.3 months with SD 1.2 after placement. Follow-up was carried out for an average of 9.3 months with a minimum of 4 months and a maximum of 14 months. At the time of the study, all

patients show adequate tolerance with no evidence of post-transplant biliary complications requiring biliary exploration or reconstruction. (image 2).

Conclusions: The anatomical characteristics of the stend prevent obstruction or stenosis at the level of the biliary anastomosis, corroborated by imaging studies, laboratory results and clinical evolution throughout the follow-up of our study. We present the first world report with long-term follow-up with the use of a biodegradable device in pediatric patients with an open approach in living donor.

Ethical statement: This study completes the ethical statuses established by our hospital ethics committee.

Declaration of interests: None.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors..

1.- Follow up of biodegradable stend in six patients with liver transplantation

Age at time of transplant *	Weight at time of transplant **	Reason for transplant	Follow up until now *	Presence of the stend on X-ray *	Dilation of the bile duct in US
16 m	9 kg	BA	14 m	6 m	no
21 m	10.9 kg	Hepatoblastoma	14 m	6 m	no
24 m	10.5 kg	Hepatoblastoma	12 m	6 m	no
19 m	7.5 kg	BA	7 m	6 m	no
52 m	15.5 kg	ALF	5m	5 m	no
32 m	17.5 kg	ALF	4 m	2 m	no

* months ** kilograms BA biliary atresia ALF acute liver failure

2.- Demonstration of open approach and follow -up

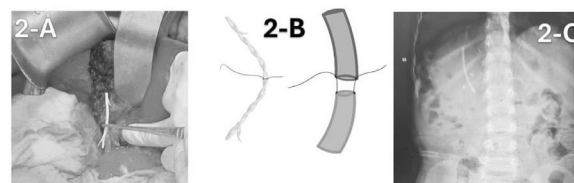


Image A we show the interposition of a stend already placed with left hepatic anastomosis towards the native common bile duct in an open approach during live donor liver transplantation. **Image B** shows part of the open technique placing fixation points with PDS 6 wall suture posterior suture stitches and subsequently fixation of the stend using an internal knot with closure of the anterior wall with separate stitches. **Image C** shows radiological follow-up with the presence of the stend.

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Lymphopenia as a risk factor for mortality in patients with liver cirrhosis.

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Introduction and Objectives: Patients with cirrhosis develop immune dysfunction where a decrease in CD4 lymphocytes has been described in up to 65% of patients. The aim of this study is to evaluate if lymphopenia is a risk factor for mortality in patients with liver cirrhosis during hospitalization

Materials and Patients: A retrospective, observational, cross-sectional, and single-center study was carried out in a period from October 2023 to May 2024, which included patients >18 years of age with diagnosis of liver cirrhosis who were admitted to the Gastroenterology service due to some acute decompensation and who died in that hospitalization, who had absolute lymphocyte determination on admission. Descriptive statistics were performed with frequencies and percentages and the variables were analyzed according to their free or normal distribution with Mann-Whitney U or Student's t,